

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<div style="float: left; margin-right: 10px;">12/29/13</div> CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			4		5		6	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	1	4	1	1	1							
TOTAL DEP.	3	1	4	1	4	1							
TOTAL CLAIMS	4	2	8	2	5	2							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS